

**CATR/ATR DESIGNATION FORM**

TD-965 (NEW 02-04)

**CHIEF AGENCY TELECOMMUNICATIONS REPRESENTATIVE (CATR)/  
AGENCY TELECOMMUNICATIONS REPRESENTATIVE (ATR)**

PLEASE PRINT CLEARLY	CATR/ATR Information:	CATR/ATR Information:
<b>Instructions</b> (Check appropriate box to the right and follow the instructions below)	<b>ACTION TO BE TAKEN</b> (Check all boxes that apply)	<b>ACTION TO BE TAKEN</b> (Check all boxes that apply)
A. (Complete #s 1-10 to add a person)	A. Add new <b>Chief ATR</b> (one only) <input type="checkbox"/>	A. Add new <b>Chief ATR</b> (one only) <input type="checkbox"/>
B. (Complete boxes 1, 2, 7 & 10 for the person to be removed.)	B. Remove current Chief ATR <input type="checkbox"/>	B. Remove current Chief ATR <input type="checkbox"/>
C. (Complete boxes 1 & 2 for the person(s) that the changes apply to, then complete the additional applicable boxes)	C. Change CATR information <input type="checkbox"/>	C. Change CATR information <input type="checkbox"/>
D. (Complete #s 1-10 to add a person)	D. Add new <b>ATR</b> <input type="checkbox"/>	D. Add new <b>ATR</b> <input type="checkbox"/>
E. (Complete boxes 1, 2, 7 & 10 for the person to be removed.)	E. Remove current ATR <input type="checkbox"/>	E. Remove current ATR <input type="checkbox"/>
F. (Complete boxes 1 & 2 for the person(s) that the changes apply to, then complete the additional applicable boxes)	F. Change ATR information <input type="checkbox"/>	F. Change ATR information <input type="checkbox"/>
<b>1. Date Action is to be Effective:</b>		
<b>2. Name:</b>		
<b>3. Title:</b>		
<b>4. Telephone Number:</b> (Include area code & extensions)		
<b>5. Fax Number:</b> (Include area code)		
<b>6. Mailing Address:</b> (Include Street or PO Box, City/State/Zip)		
<b>7. Agency Name:</b>		
<b>Division/Office Name:</b>		
<b>Unit Name:</b>		
<b>8. Inter-Agency Mail Station (IMS) Code</b> (State Agencies Only)		
<b>9. E-Mail Addresses:</b> (Provide at least 2 different e-mail addresses even if listing only one name)	1. 2.	1. 2.
<b>10. Approval:</b> The signature of the CATR or CATR supervisor below provides the new CATR/ATR(s) listed here the authority to sign STD.20s to order telecommunications services/equipment, and indicates authorization of the reported adds and changes.		
<b>Chief ATR or Chief ATR's Supv/Mgr Signature</b>		<b>Date</b>

# **DEPARTMENT OF GENERAL SERVICES (DGS) TELECOMMUNICATIONS DIVISION (TD)**

## **CHIEF AGENCY TELECOMMUNICATIONS REPRESENTATIVE (CATR)/ AGENCY TELECOMMUNICATIONS REPRESENTATIVE (ATR)**

### **TD-965 CATR/ATR DESIGNATION FORM INFORMATION AND INSTRUCTIONS**

#### **PURPOSE:**

Use the CATR/ATR Designation Form to add or change your agency's\* designated CATR or ATR(s), or their related information. For additional information on the [responsibilities of the CATR and ATR](#) see [www.dgs.ca.gov/td](http://www.dgs.ca.gov/td) [Click on Office of Network Services (ONS) and scroll down to Customer Resources.]

Local government agencies are encouraged to designate CATRs/ATRs so they will receive pertinent information (e.g. changes to the use of DGS-TD Master Service Agreements, such as CALNET, Telecommunications Consulting, etc.)

\*Agency is defined as any state government agency, department, office, board or commission.

#### **BACKGROUND AND INFORMATION:**

State agencies are required to provide an updated CATR/ATR Designation Form whenever there is a change in an agency's CATR/ATR designation(s). (Local government agencies are encouraged, but not required, to complete updated CATR/ATR designation forms.)

The updated information is used by the DGS-TD to maintain a current list of authorized CATR/ATRs, and indicates the appointed ATRs have been cleared to act on behalf of the agency. This list is provided to the CALNET vendors so that they can determine who is authorized to place orders and expend funds for telecommunications products and services. These updated designations will also ensure timely receipt of pertinent information regarding the [CALNET Master Contract](#), CNT-001 and other telecommunications and network services information.

This information will be provided by e-mail, so it is important to provide at least two e-mail addresses to cover absences. Additionally, CATRs and ATRs or other interested parties are encouraged to visit the DGS-TD website, [What's New In ONS](#) page and subscribe to obtain automatic notification of new information.

A new form should be submitted any time the following changes occur:

1. A new CATR is appointed. (Each agency must have a single CATR at the supervisory level or above.)
2. A new ATR(s) is appointed. (Each agency may designate as many ATRs as required to meet telecommunications needs.)
3. A CATR or ATR needs to be removed from the list.
4. There is a change to any of the information for a CATR or ATR (e.g. change of address, phone number, e-mail address).

To help maintain the integrity of the ATR list, the CATR is required to sign the ATR Designation Form for all ATR adds or changes. When a CATR is designated or changed, the form should be signed by the supervisor/manager of the CATR.

Refer to the State Telecommunications Management Manual (STMM), Chapter [0201.0](#) for more information on CATR/ATR responsibilities. Additional information can be found at [www.dgs.ca.gov/td](http://www.dgs.ca.gov/td) (click on Network Services and scroll down to CATR/ATR Responsibilities.)

## **HOW TO COMPLETE THE FORM:**

1. Download the [CATR/ATR Designation Form](#).
2. Check the appropriate box(es) under "Action to be Taken." The instructions in the left hand column correspond to the letter of the box checked. Fill out all fields on the form for each new CATR/ATR. **Please print clearly.**
3. If there is a change in the current CATR or ATR information, provide the new information in the appropriate box. For example, if the telephone number of the ATR has changed, check the box, "F. Change in ATR information", complete the information in numbers 1 and 2, then enter the new phone number with area code and extension in box 4.
4. Two different e-mail addresses are required as a backup during absences to help ensure telecommunications information from DGS-TD is received and acted upon promptly. Chief ATRs and ATRs should not designate each other as the second addressee. It is recommended to select a person with backup responsibilities that is not already designated as an ATR or CATR.
5. The CATR or CATR's supervisor must sign and date the form.
6. Fax or mail the completed form to:

**Fax:** (916) 657-9511  
ATTN: CATR/ATR Coordinator

**Mail:** DGS Telecommunications Division  
Office of Network Services  
601 Sequoia Pacific Boulevard  
IMS-G23  
Sacramento, CA 95814  
ATTN: CATR/ATR Coordinator

7. For questions on use of the TD-965 form, or for assistance in completing the form, call (916) 657-9903 or (800) 807-6755, and request to speak with the CATR/ATR Coordinator.